

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

Robert A. Donush )  
 )  
2406 Northwood Dr. )  
 )  
Holmes Hills Inn )  
(Name of the plaintiff or plaintiffs) )  
 )  
v. )  
 )  
T.C. Transportation Inc. )  
 )  
P.O. Box 709 )  
 )  
Crystal Lake IL 60029 )  
(Name of the defendant or defendants) )

CIVIL ACTION

NO. 08 C 50182

*Reinhard*

*FILED*

AUG 20 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

COMPLAINT OF EMPLOYMENT DISCRIMINATION

1. This is an action for employment discrimination.
2. The plaintiff is Robert A. Donush of the county of McHenry in the state of Illinois.
3. The defendant is T.C. Transportation Inc., whose street address is 4710 Half mile Rd., (city) Crystal Lake (county) McHenry (state) Illinois (ZIP) 60012 (Defendant's telephone number) (815) - 459 - 4724
4. The plaintiff sought employment or was employed by the defendant at (street address)

4710 Half mile Rd (city) Crystal Lake  
(county) McHenry (state) IL (ZIP code) 60012

5. The plaintiff [**check one box**]

- (a)  was denied employment by the defendant.
- (b)  was hired and is still employed by the defendant.
- (c)  was employed but is no longer employed by the defendant.

6. The defendant discriminated against the plaintiff on or about, or beginning on or about,

(month) May, (day) 17, (year) 1997.

7.1 (**Choose paragraph 7.1 or 7.2, do not complete both.**)

- (a) The defendant is not a federal governmental agency, and the plaintiff [**check one box**]  has not filed a charge or charges against the defendant  has

asserting the acts of discrimination indicated in this complaint with any of the following government agencies:

- (i)  the United States Equal Employment Opportunity Commission, on or about  
(month) Apr (day) 9 (year) 2008.

- (ii)  the Illinois Department of Human Rights, on or about

(month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_.

- (b) If charges *were* filed with an agency indicated above, a copy of the charge is attached.  YES.  NO, but plaintiff will file a copy of the charge within 14 days.

It is the policy of both the Equal Employment Opportunity Commission and the Illinois Department of Human Rights to cross-file with the other agency all charges received. The plaintiff has no reason to believe that this policy was not followed in this case.

7.2 The defendant is a federal governmental agency, and

- (a) the plaintiff previously filed a Complaint of Employment Discrimination with the defendant asserting the acts of discrimination indicated in this court complaint.

Yes (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

No, did not file Complaint of Employment Discrimination

(b) The plaintiff received a Final Agency Decision on (month) July (day) 25 (year) 2008.

(c) Attached is a copy of the

(i) Complaint of Employment Discrimination,

YES  NO, but a copy will be filed within 14 days.

(ii) Final Agency Decision

YES  NO, but a copy will be filed within 14 days.

8. (*Complete paragraph 8 only if defendant is not a federal governmental agency.*)

(a)  the United States Equal Employment Opportunity Commission has not issued a *Notice of Right to Sue*.

(b)  the United States Equal Employment Opportunity Commission has issued a *Notice of Right to Sue*, which was received by the plaintiff on (month) July (day) 25 (year) 2008 a copy of which *Notice* is attached to this complaint.

9. The defendant discriminated against the plaintiff because of the plaintiff's [**check only those that apply**]:

(a)  Age (Age Discrimination Employment Act).

(b)  Color (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).

- (c)  Disability (Americans with Disabilities Act or Rehabilitation Act)
  - (d)  National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
  - (e)  Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
  - (f)  Religion (Title VII of the Civil Rights Act of 1964)
  - (g)  Sex (Title VII of the Civil Rights Act of 1964)
10. If the defendant is a state, county, municipal (city, town or village) or other local governmental agency, plaintiff further alleges discrimination on the basis of race, color, or national origin (42 U.S.C. § 1983).
11. Jurisdiction over the statutory violation alleged is conferred as follows: for Title VII claims by 28 U.S.C. §1331, 28 U.S.C. §1343(a)(3), and 42 U.S.C. §2000e-5(f)(3); for 42 U.S.C. §1981 and §1983 by 42 U.S.C. §1988; for the A.D.E.A. by 42 U.S.C. §12117; for the Rehabilitation Act, 29 U.S.C. § 791.
12. The defendant [*check only those that apply*]
- (a)  failed to hire the plaintiff.
  - (b)  terminated the plaintiff's employment.
  - (c)  failed to promote the plaintiff.
  - (d)  failed to reasonably accommodate the plaintiff's religion.
  - (e)  failed to reasonably accommodate the plaintiff's disabilities.
  - (f)  failed to stop harassment;
  - (g)  retaliated against the plaintiff because the plaintiff did something to assert rights protected by the laws identified in paragraphs 9 and 10 above;
  - (h)  other (specify): TERMINATED my Employment  
while I was on workers' comp. medical

LEAVE - Name calling fun no reason.  
STOLE personal items from truck.

13. The facts supporting the plaintiff's claim of discrimination are as follows:

Doctors return to work and

Police report for theft.

14. **[AGE DISCRIMINATION ONLY]** Defendant knowingly, intentionally, and willfully discriminated against the plaintiff.

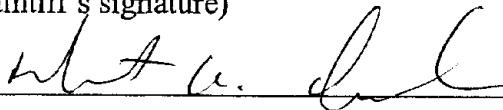
15. The plaintiff demands that the case be tried by a jury.  YES  NO

16. THEREFORE, the plaintiff asks that the court grant the following relief to the plaintiff  
[check only those that apply]

- (a)  Direct the defendant to hire the plaintiff.  
(b)  Direct the defendant to re-employ the plaintiff.  
(c)  Direct the defendant to promote the plaintiff.  
(d)  Direct the defendant to reasonably accommodate the plaintiff's religion.  
(e)  Direct the defendant to reasonably accommodate the plaintiff's disabilities.  
(f)  Direct the defendant to (specify): \_\_\_\_\_

- 
- 
- 
- (g)  If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.
- (h)  Grant such other relief as the Court may find appropriate.

(Plaintiff's signature)



(Plaintiff's name)

ROBERT A. DONOSKI

(Plaintiff's street address)

2406 PINEHURST DR.

(City) Holiday Hills (State) PA (ZIP) 60051

(Plaintiff's telephone number) (815) - 363 - 0765

Date: 20 Aug 08

## CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

 FEPA  
 EEOC

Agency(ies) Charge No(s):

440-2008-03353

and EEOC

## Illinois Department Of Human Rights

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Mr. Robert A. Dorosh

Home Phone (incl. Area Code)

(815) 363-0765

Date of Birth

06-08-1947

Street Address

City, State and ZIP Code

2406 South Driftwood, Holiday Hills, IL 60051

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

T.C. TRANSPORTATION, INC.

No. Employees, Members

15 - 100

Phone No. (Include Area Code)  
(815) 459-5724

Street Address

City, State and ZIP Code

P.O. Box 709, Crystal Lake, IL 60039

Name

Street Address

City, State and ZIP Code

No. Employees, Members

Phone No. (Include Area Code)

## DISCRIMINATION BASED ON (Check appropriate box(es).)

<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> SEX	<input type="checkbox"/> RELIGION	<input type="checkbox"/> NATIONAL ORIGIN
<input type="checkbox"/> RETALIATION	<input checked="" type="checkbox"/> AGE	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> OTHER (Specify below.)	

DATE(S) DISCRIMINATION TOOK PLACE  
Earliest 05-17-2007 Latest 05-17-2007

 CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s):)

I was hired by the Respondent in September 2004. I was employed as a Truck Driver. On May 17, 2007, I was discharged.

I believe that I have been discriminated against because of my age, 59 (d.o.b.: 6/8/1947), in violation of the Age Discrimination in Employment Act of 1967, as amended.

RECEIVED EEOC

APR 09 2008

CHICAGO DISTRICT OFFICE

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.  
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWEORN TO BEFORE ME THIS DATE  
(month, day, year)

Date

Charging Party Signature

[X] Please be aware that the EEOC will send a copy of the charge to the agency listed below as required by our procedures. If that agency processes the charge, it may require the charge to be signed before a notary public or an agency official. Then the agency will investigate and resolve the charge under their statute. If this occurs, section 1601.76 of EEOC's regulations entitles you to ask us to perform a Substantial Weight Review of the agency's final finding. To obtain this review, a written request must be made to this office within 15 days of receipt of the agency's final finding in the case. Otherwise, we will generally adopt the agency's finding as EEOC's.

Illinois Department Of Human Rights  
100 West Randolph Street  
Floor 10-100  
Chicago, IL 60601

Please use the "EEOC Charge No." listed at the top of this letter whenever you call us about this charge. Please notify this office of any change in address or of any prolonged absence from home. Failure to cooperate in this matter may lead to dismissal of the charge.

Sincerely,



Don Marvin  
Investigator  
(312) 353-8198

PAK-312-886-1168

Office Hours: Monday – Friday, 8:30 a.m. - 5:00 p.m.  
[www.eeoc.gov](http://www.eeoc.gov)

Enclosure(s)  
Copy of EEOC Form 5, Charge of Discrimination



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
Chicago District Office

500 West Madison Street, Suite 2800  
Chicago, IL 60661  
(312) 353-2713  
TTY (312) 353-2421  
FAX (312) 353-4041

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC") at the address above. REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). Incomplete responses may delay further processing of your questionnaire by EEOC. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a."

(PLEASE PRINT)

1. Personal Information

Last Name: DOROSH, First Name: ROBERT MI: A

Street or Mailing Address: 2406 SOUTH DRIFTWOOD Apt Or Unit #: \_\_\_\_\_

City: Holiday Hills County: Mchenry State: IL Zip: 60051

Phone Numbers: Home: (815) 363-0765 Work: ( )

Cell: ( ) Email Address: \_\_\_\_\_

Date of Birth: JUNE 8, 1947 Sex: Male  Female  Race: Cauc.

National Origin / Ethnicity Polish Do You Have a Disability?  Yes  No

Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Bruce Edwards Relationship: Friend

Address: 4633 KINCHFEE APT #3

City: Roselle Illinois State: IL Zip: 60017 Home Phone: (847) 941-2788

Other Phone: (847) 481-9800

I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer  Union  Employment Agency  Other (Please Specify) \_\_\_\_\_

2. Organization Contact Information

Organization #1 Name: T. C. TRANSPORTATION, Inc.

Address: P.O. Box 709

City: CRYSTAL Lake State: IL Zip: 60039 Phone: (815) 459-5724

Type of Business: Trucking Job Location if different from Org. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( )

Human Resources Director or Owner

Name: Ronald MUNIRES SR. Phone: (815) 459-5724

Number of Employees in the Organization at All Locations: Please Check (✓) One

Less Than 15    15 - 100    101 - 200    201 - 500    More than 500

Organization #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Location if not at Org. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Human Resources Director or Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Number Of Employees In The Organization At All Locations: please check (✓) one

Less Than 15    15 - 100    101 - 200    201 - 500    More 500

3. Your Employment Data (Complete as many items as you can)

Date Hired: Sept 2004 Job Title At Hire: Truck Driver

Pay Rate When Hired: 30% com. Last or Current Pay Rate: 30% com.

Job Title at Time of Alleged Discrimination: Truck Driver

Name and Title of Immediate Supervisor: Tom Skilton

If Applicant, Date You Applied for Job: \_\_\_\_\_ Job Title Applied For: \_\_\_\_\_

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you are over the age of 40 and feel you were treated worse than younger employees or you have other evidence of discrimination, you should check (✓) AGE. If you feel that you were treated worse than those not of your race or you have other evidence of discrimination, you should check (✓) RACE. If you feel the adverse treatment was due to multiple reasons, such as your sex, religion and national origin, you should check all three. If you complained about discrimination, participated in someone else's RETALIATION

Race \_\_\_ Sex \_\_\_ Age \_\_\_ Disability \_\_\_ National Origin \_\_\_ Color \_\_\_ Religion \_\_\_ Retaliation \_\_\_

Pregnancy \_\_\_ Other reason (basis) for discrimination (Explain). \_\_\_\_\_

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, action(s) and include the name(s) and title(s) of the persons who you believe discriminated against you. (Example: 10/02/06 - Written Warning from Supervisor, Mr. John Soto)

A) Date: May 17, 2007 Action: PHONE CALL TELL ME I WAS BEING FIRMED BECAUSE I AM 60 SOMETHING OLD.

Name and Title of Person(s) Responsible: Penelope Williams SR. OWNER

B) Date: \_\_\_\_\_ Action: \_\_\_\_\_

Name and Title of Person(s) Responsible: \_\_\_\_\_

Describe any other actions you believe were discriminatory.

MANY TIMES YELLED AT FOR NO REASON. CALLED ME ASS POLACK. FIRED ME WHILE ON WORK BREAK. MEDICAL LEAVE. STORED PERSONAL ITEMS OUT OF PLACE SO HE WOULD KNOW AFTER RETURNING FR.

(Attach additional pages if needed to complete your response.)

6. What reason(s) were given to you for the acts you consider discriminatory? By whom? Title?

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7. Name and describe others who were in the same situation as you. Explain any similar or different treatment. Who was treated worse, who was treated better, and who was treated the same? Provide race, sex, age, national origin, religion, and/or disability status of comparator if known and if connected with your claim of discrimination. Add additional sheets if needed.

Full Name Job Title Description

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Answer questions 8-10 only if you are claiming discrimination based on disability. If not, skip to question 11.

8. Please check (✓) all that apply:

- Yes, I have an actual disability  
 I have had an actual disability in the past  
 No disability but the organization treats me as if I am disabled

9. If you are alleging discrimination because of your disability, what is the name of your disability? How does your disability affect your daily life or work activities, e.g., what does your disability prevent or limit you from doing, if anything? (Example: lifting, sleeping normally, breathing normally, pulling, walking, climbing, caring for yourself, working, etc.).

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10. Did you ask your employer for any assistance or change in working condition because of your disability?

YES \_\_\_\_\_ NO \_\_\_\_\_

Did you need this assistance or change in working condition in order to do your job?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", when? \_\_\_\_\_ To whom did you make the request? Provide full name

of person \_\_\_\_\_ How did you ask (verbally or in writing)? \_\_\_\_\_

Describe the assistance or change in working condition requested?

Lodger Suite

11. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and indicate what they will say.  
Add additional pages if necessary.

NAME JOB TITLE ADDRESS & PHONE NUMBER

A. \_\_\_\_\_

NAME JOB TITLE ADDRESS & PHONE NUMBER

B. \_\_\_\_\_

NAME JOB TITLE ADDRESS & PHONE NUMBER

C. \_\_\_\_\_

12. Have you filed a charge previously in this matter with EEOC or another agency? YES  NO

13. If you have filed a complaint with another agency, provide name of agency and date of filing:

14. Have you sought help about this situation from a union, an attorney, or any other source?

YES  NO  - If yes, from whom and when? Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Atticall PROV Em 2000 PHone 26 FEB 88 wont accept  
case because t dont have RETALIATION PR

Signature

Atticall 26 FEB 88

Today's Date

If you have not heard from an EEOC office within 30 days of mailing this form, please call toll-free number shown on the letter accompanying this form. Please make a copy of this form for your records before mailing.

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974; Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE: EEOC Intake Questionnaire (10/2006).

2. AUTHORITY: 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)

3. PRINCIPAL PURPOSE: The purpose of this questionnaire is to solicit information in an acceptable form consistent with statutory requirements to enable the Commission to act on matters within its jurisdiction. When this form constitutes the only timely written statement of allegations of employment discrimination, the Commission will, consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(b), consider it to be a sufficient charge of discrimination under the relevant statute(s).

4. ROUTINE USES: Information provided on this form will be used by Commission employees to determine the existence of facts relevant to a decision as to whether the Commission has jurisdiction over allegations of employment discrimination and to provide such charge filing counseling as is appropriate. Information provided on this form may be disclosed to other State, local and federal agencies as may be appropriate or necessary in carrying out the Commission's functions. Information may also be disclosed to respondents in connection with litigation.

5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.

**Incident Report**

<b>Prairie Grove Police Department</b>		Incident/Department No. <b>06-0485</b>	Case No. <b>06-0485</b>		
Incident Type		Incident Classification #1 <b>Theft Other</b>	<input type="checkbox"/> attempted	Incident Classification #2	<input type="checkbox"/> attempted
		Responding To	Assignment		
Reported On <b>Tue 08/01/2006</b>	Date/Time <b>13:38</b>	Occurred From <b>Tue 08/01/2006 13:38</b>	Occurred To <b>Tue 08/01/2006 13:55</b>	Beat of Occurrence <b>231</b>	District
Dispatch Time <b>13:38</b>	Arrived Time <b>13:41</b>	Cleared Time <b>13:55</b>	Report Date <b>08/01/2006</b>	Report Time <b>13:23</b>	Estimated Total Property Loss
Primary Charge <b>720/5/16-1 THEFT</b>					UCR/NIBRS Code
Location of Incident <b>4710 HALF MILE ROAD, Crystal Lake, IL 60012</b>			Location Name (if applicable) <b>TCI TRUCKING</b>		
Entry Point	Method <b>Other (Specify)</b>	Weapon/Tool/Force Used	Security	Evidence <b>Clothes</b>	
Type of Premise (For Vehicles State Where Parked) <b>Commercial/Office Bldg</b>					
Related Case No.'s					
Officer Involved <b>LT BAUER</b>					
Victims/Witnesses/Other <small>D-Deceased, W-Witness, VP-Victim Police Officer, C-Complainant, G-Parent/Guardian, A-Arrestee, VU-Victim Unknown, VO-Victim Other, VS-Victim Society/Public, VI-Victim, O-Others, OL-Legal Owner, OR-Registered Owner, M-Missing, R-Runaway, SV-Suspect Verified, I-Institutional, S-Suspect</small>					
Code <b>C-1</b>	Name: Last, First, Middle <b>DOROSH, ROBERT A</b>	Sex <b>M</b>	Race/Ethnicity <b>W-White</b>	Date of Birth/Age <b>06/08/1947 59</b>	
Confidentiality <input type="checkbox"/>	Address: Street, City, State, ZIP <b>2406 DRIFTWOOD, HOLIDAY HILLS, IL 60012</b>				Phone
Place of Employment / School/ Address <b>TCI TRUCKING 4710 HALF MILE, Crystal Lake, IL 60012</b>			Occupation <b>DRIVER</b>		Employer Phone <b>(815) 459-5724</b>
Code <b>O-1</b>	Name: Last, First, Middle <b>NUNES, RON JR</b>	Sex	Race/Ethnicity	Date of Birth/Age	
Confidentiality <input type="checkbox"/>	Address: Street, City, State, ZIP <b>4710 HALF MILE RD, Crystal Lake, IL 60012</b>				Phone
Place of Employment / School/ Address <b>TCI TRUCKING 4710 HALF MILE RD, Crystal Lake, IL 60012</b>			Occupation <b>HEAD MECHANIC</b>		Employer Phone <b>(815) 459-5724</b>
Property					
Item # <b>1</b>	Status/Custodial Status/Condition <b>Stolen/Unknown/Unknown</b>		Qty./Cst. Qty./Cnd.Qty.	Units	Total Value
Description <b>SHIRT</b>		Item/ Category <b>Clothes/Furs</b>			
Brand		Model		Serial Number	Owner Assigned Number
Owner		Received From		Current Location <b>Incident Site</b>	
Narrative					
ON THE ABOVE DATE AND TIME R/O MET WITH MR DOROSH,ROBERT A WHO IS THE COMPLAINANT, HE ADVISED THAT A PERSON NAMED NUNES,RON JR TOOK HIS SHIRT OFF HIS TRUCK MIRROR AND STARTED SCREAMING OBSCENITIES AT HIM. MR DOROSH ROBERT A TRUCK DRIVER FOR TCI ALSO ADVISED THAT IN THE PAST HE HAS JACKETS, GLOVES, AND OTHER THINGS MISSING ALONG WITH THE OTHER DRIVERS CLAIMING THE SAME PERSON IS DOING IT BUT THEY CANT PROVE IT. MR.DOROSH JUST WANTS THIS ON					

I.D. No./Name of Reporting Officer <b>#8202 - Bauer, Gordon</b>	Approval	Date/Time	Distribution <b>Records</b>
<b>RECORDS</b>	DISTRIBUTION DATE _____ BY _____		Supervisor <i>Lt Bauer 8202</i>
06-0485		08/01/2006 13:58:07.944	

**DISMISSAL AND NOTICE OF RIGHTS**

To: Robert A. Dorosh  
2406 South Driftwood  
Holiday Hills, IL 60051

CERTIFIED MAIL 7000 1670 0012 6742 6946

From: Chicago District Office  
500 West Madison St  
Suite 2800  
Chicago, IL 60661



*39*  
*20*

On behalf of person(s) aggrieved whose identity is  
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

440-2008-03353

Donald Marvin,  
Investigator

(312) 353-8198

**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

**- NOTICE OF SUIT RIGHTS -**

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, and/or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice, or your right to sue based on this charge will be lost. (The time limit for filing suit based on a state claim may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred **more than 2 years (3 years)** before you file suit may not be collectible.

On behalf of the Commission

*John P. Rowe*  
John P. Rowe,  
District Director

5-23-08

(Date Mailed)

Enclosures(s)

cc: T.C. TRANSPORTATION, INC.

**FILING SUIT IN COURT OF COMPETENT JURISDICTION****PRIVATE SUIT RIGHTS:**

This issuance of this Notice of Right to Sue ends EEOC's process with respect to your charge. You may file a lawsuit against the respondent named in your charge within 90 days from the date you receive this Notice. Therefore you should keep a record of this date. Once this 90-day period is over, your right to sue is lost. If you intend to consult an attorney, you should do so as soon as possible. Furthermore, in order to avoid any question that you did not act in a timely manner, if you intend to sue on your own behalf, your suit should be filed well in advance of the expiration of the 90-day period.

You may file your lawsuit in a court of competent jurisdiction. Filing this Notice is not sufficient. A court complaint must contain a short statement of the facts of your case which shows that you are entitled to relief. Generally, suits are brought in the state where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office.

You may contact EEOC if you have any questions about your rights, including advice on which court can hear your case, or if you need to inspect and copy information contained in the case file.

A lawsuit against a private employer is generally filed in the U.S. District Court.

A lawsuit under Title VII of the Civil Rights Act of 1964, as amended, against a State agency or a political subdivision of the State is also generally filed in the U.S. District Court.

However, a lawsuit under the Age Discrimination in Employment Act or the Americans with Disabilities Act or, probably, the Equal Pay Act against a State instrumentality (an agency directly funded and controlled by the State) can only be filed in a State court.

A lawsuit under the Age Discrimination in Employment Act or the Americans with Disabilities Act or the Equal Pay Act against a political subdivision of the State, such as municipalities and counties, may be filed in the U.S. District Court.

For a list of U.S. District Courts, please see reverse side.

**IF THE FIRST THREE CHARACTERS OF YOUR EEOC CHARGE NUMBER ARE "21B" AND YOUR CHARGE WAS INVESTIGATED BY THE ILLINOIS DEPARTMENT OF HUMAN RIGHTS (IDHR), REQUESTS FOR REVIEWING AND COPYING DOCUMENTS FROM YOUR FILE MUST BE DIRECTED TO IDHR.**

**ATTORNEY REPRESENTATION:**

If you cannot afford or have been unable to obtain a lawyer to represent you, the court having jurisdiction in your case may, at its discretion, assist you in obtaining a lawyer. If you plan to ask the court to help you obtain a lawyer, you must make this request of the court in the form and manner it requires. Your request to the court should be made well before the end of the 90-day period mentioned above. A request for representation does not relieve you of the obligation to file a lawsuit within this 90-day period.

**DESTRUCTION OF FILE:**

If you file suit, you or your attorney should forward a copy of your court complaint to this office. Your file will then be preserved. Unless you have notified us that you have filed suit, your charge file could be destroyed as early as six months after the date of the Notice of Right to Sue.

**[F YOU FILE SUIT, YOU OR YOUR ATTORNEY SHOULD NOTIFY THIS OFFICE IN WRITING WHEN THE LAWSUIT IS RESOLVED.]**